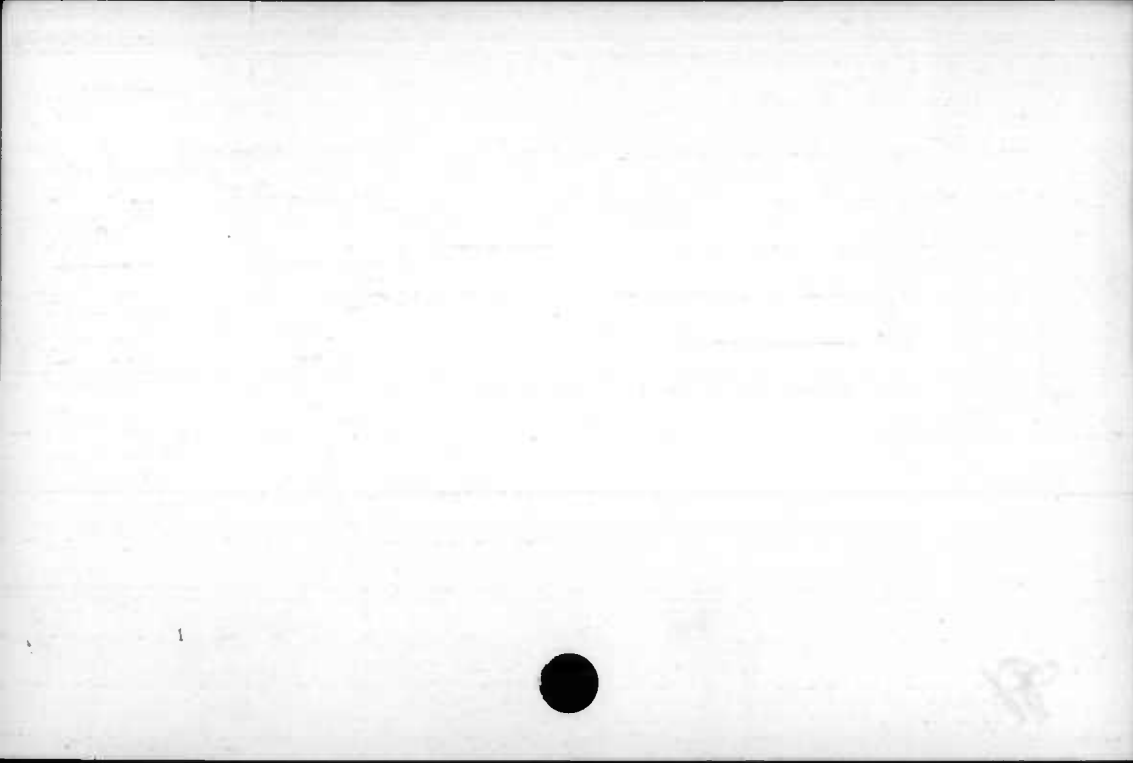


Name in Full		Annie Lucile Adams				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at <i>near Mechanicsville</i>		<i>St. Mary's</i>					
		Date of death	1907	Month	April	Day	30	Age	1
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
		Occupation		Where Residing if not at place of death					
Married, Single or Widowed		<i>single</i>		Name of Wife or Husband					
Father's Name		<i>Lawrence Adams</i>		Father's Birthplace		<i>Maryland</i>			
Mother's Maiden Name		<i>Mamie Riley</i>		Mother's Birthplace		<i>Ind.</i>			
Name of person giving information		<i>J. F. Adams</i>		How related to deceased		<i>Uncle</i>			
		CAUSES OF DEATH		(90)					
PHYSICIAN OR CORONER		Primary		How long					
		Immediate <i>Capillary Bronchitis</i>		How long		<i>9 days</i>			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				Address		<i>Zach. R. Morgan</i>			
						<i>Mechanicsville</i>			
		Accident or Suicide?				<i>Ind</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Morganza* Town *St. Mary's* CountyDate of death *1907* *Apr.* Month *29* Day *57* Years Months DaysSex *Female* Color or Race *White* Birthplace *Ind.*Occupation *Housewife* Where Residing if not at place of death *-*Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *William Buckler*Father's Name *Richard Currie* Father's Birthplace *Ind.*Mother's Maiden Name *Elizabeth Bryan* Mother's Birthplace *Ind.*Name of person giving information *Husband* How related to deceased *none*

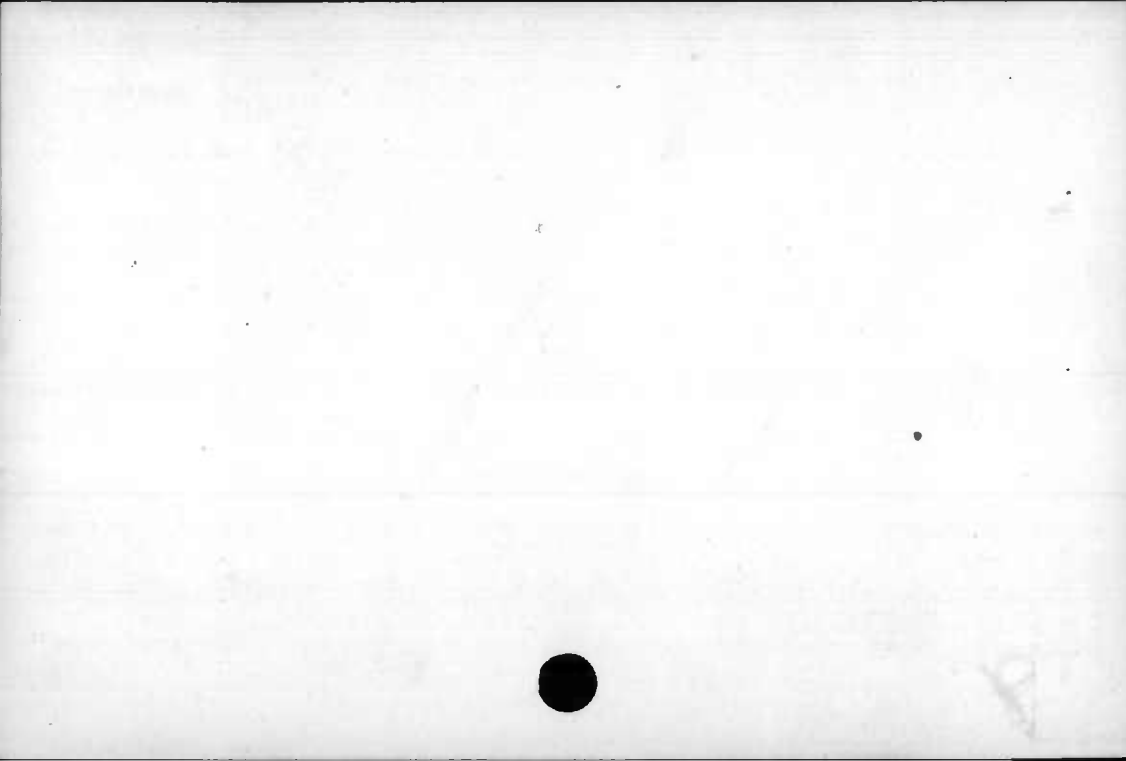
## CAUSES OF DEATH

**29**Primary *Tuberculosis of Bowels* How long *12 months*

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. B. Johnson*Address *Morganza*

Accident or Suicide?



Name  
in  
Full

Henry Wingate

## CERTIFICATE OF DEATH

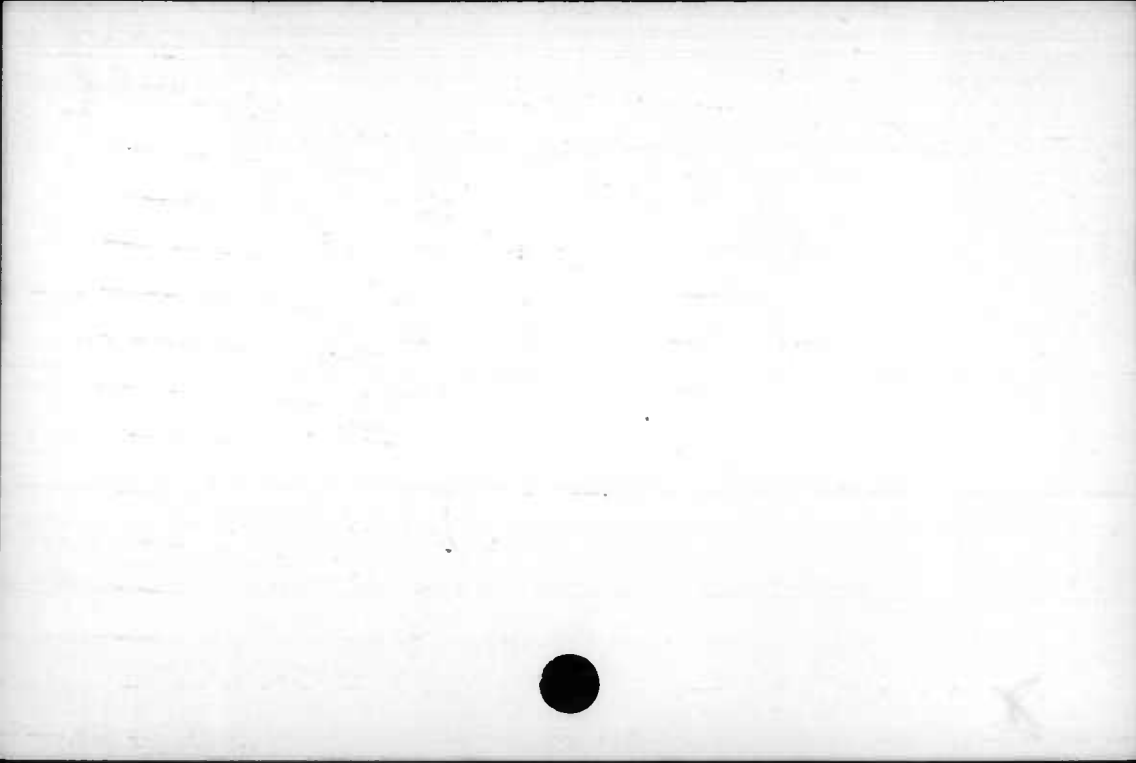
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Chapter</i>		Town <i>St. Marys</i>		County	
Date of death <i>1907</i>		Month <i>Apr.</i>	Day <i>29</i>	Years <i>56</i>	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Teacher</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Miss Gent</i>				
Father's Name <i>Dont know</i>		Father's Birthplace <i>Dont know</i>			
Mother's Maiden Name <i>Dont know</i>		Mother's Birthplace <i>Dont know</i>			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>66</i>	How long	<i>Five days</i>
Immediate	<i>Paralysis</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Zach. R. Morgan</i>	
		Address <i>Mechanicsville, Maryland</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
1907		Apr.	14	Age	St. Marys -		
Sex		Color or Race		Birth-place			
Female -		Colored		Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Leg Ulcers & Phlebitis -	83	How long
Immediate	Pneumonia -		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		Morganza.	

